State: Arkansas Filing Company: Reliable Life Insurance Company

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: Life Insurance

Project Name/Number: Life Insurance Application/5289-RL4

Filing at a Glance

Company: Reliable Life Insurance Company

Product Name: Life Insurance

State: Arkansas

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Filing Type: Form

Date Submitted: 08/02/2012

SERFF Tr Num: UUIN-128608505

SERFF Status: Closed-Approved-Closed

State Tr Num:

State Status: Approved-Closed

Co Tr Num: 5289-RL4

Implementation 11/01/2012

Date Requested:

Author(s): Carol Davenport Reviewer(s): Linda Bird (primary)

Disposition Date: 08/13/2012

Disposition Status: Approved-Closed

Implementation Date:

State Filing Description:

State: Arkansas Filing Company: Reliable Life Insurance Company

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: Life Insurance

Project Name/Number: Life Insurance Application/5289-RL4

General Information

Project Name: Life Insurance Application Status of Filing in Domicile: Pending

Project Number: 5289-RL4 Date Approved in Domicile:

Requested Filing Mode: Domicile Status Comments: State of domicile is Missouri.

Explanation for Combination/Other:

Submission Type: New Submission

Market Type: Individual Market Type:

Overall Rate Impact: Filing Status Changed: 08/13/2012

State Status Changed: 08/13/2012

Deemer Date: Created By: Carol Davenport

Submitted By: Carol Davenport Corresponding Filing Tracking Number:

Filing Description:

On behalf of Reliable Life Insurance Company, form 5289-RL4, Application for Insurance is submitted. This form has been revised to change references to the "Medical Information Bureau", to read "MIB. Inc.".

The form has also been reformatted to:

- Provide more space for the customer to provide answers to the questions presented.
- Remove the company logo and the reference to "A Unitrin Company"

There are no other changes to the text of the form.

Company and Contact

Filing Contact Information

Carol Davenport, Director of Regulatory csdavenport@kemper.com

Compliance

12115 Lackland Road 314-819-4655 [Phone]

St. Louis, MO 63146

Filing Company Information

Reliable Life Insurance Company CoCode: 68357 State of Domicile: Missouri 12115 Lackland Rd. Group Code: 215 Company Type: Life &

St. Louis, MO 63146 Group Name: Unitrin, Inc. Accident

(314) 819-4627 ext. [Phone] FEIN Number: 43-0476110 State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes

Fee Explanation: 1 form @ \$50.00/each

Per Company: No

CompanyAmountDate ProcessedTransaction #Reliable Life Insurance Company\$50.0008/02/201261385794

State: Arkansas Filing Company: Reliable Life Insurance Company

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: Life Insurance

Project Name/Number: Life Insurance Application/5289-RL4

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/13/2012	08/13/2012

State: Arkansas Filing Company: Reliable Life Insurance Company

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: Life Insurance

Project Name/Number: Life Insurance Application/5289-RL4

Disposition

Disposition Date: 08/13/2012

Implementation Date: Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Application for Life Insurance		Yes

State: Arkansas Filing Company: Reliable Life Insurance Company

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: Life Insurance

Project Name/Number: Life Insurance Application/5289-RL4

Form Schedule

Lead F	Lead Form Number:									
Item	Schedule Item	Form	Form	Form	Action/	Readability				
No.	Status	Number	Туре	Name	Action Specific Data	Score	Attachments			
1		5289-RL4	AEF	Application for Life Insurance	Revised:	50.500	5289-RL4.pdf			
					Replaced Form #: 5289-RL2					
					Previous Filing #: UUIN-					
					126765853					

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
ОТН	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

H O LISA Only

District	Agency													056							
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		Does any person proplist information here, i)",
		INSUR	ED		CON	MPANY		PC	DLICY	NO.	L	LIFE INS	S. AMOL	JNT	ISSUE O	R APF	P. DATE
_	I E D		20MDI ETE E		0000	ED INOL	IDEDO										
		CAL QUESTIONS - (or is) any Person proper applying for STR dition(s), place initial						ureds an wing qu	nd any estion	/ spou is). C	ise or ircle a	Civil Ui applicab	nion ole		Yes		No
1	13. (14. E	Consulted a physician Ever been treated for o	or other medic or diagnosed w	al practitione ith asthma, l	er or been or on chit	en hospit tis, emph	talized for ysema, p	any reas leurisy, o	son du r othe	uring th r disea	ne last	t 5 years	;?				
	15. E	lungs? Ever been treated for e elevated cholesterol?.	cancer, tumor, h	neart trouble	, blood	disorders	s, diabete	s, high o	r low l	plood p							
1		Ever been treated for ogland disorder?															
1	18. E	Ever been treated for of Ever been treated for our reproductive organs	disease or diso , or for venerea	rder of the k Il disease?	idney, b	ladder, p	rostate, ti	rouble wi	th the	male	or fem	nale sexu	ual				
	C	Ever been treated for of the first first first for deformity? Within the last 3 years															
2	21. C	n any motor racing or Currently receiving Soc nealth or medical bene	cial Security Dis	ability benef	its, sup	plementa	al security	income	benef	its due	to dis	sability, c	or				
2	22. a	. Ever been treated by or been diagnosed a	y a doctor or in s suffering from	a hospital of	r other r drug ab	medical fause?	acility bed	cause of	alcoho	ol, drug	g or na	arcotic u	sage;				
	D	except as prescribed			,	,	0 /	•	,				,				
	24. E	Ever been declined, po Ever been treated or d disorder (including test	liagnosed by a	physician or	medica	al profess	sional as h	naving Al	DS, A	RC, or	any i	mmunol	ogical				
٧	who	RNING: Any person makes any claim f y of a felony and m	or the procee	ds of an in	nsuran	ce polic	y contai	ining an									
2	25. C	Give complete details	of "yes" answer	s to Questio	n 13 -2	4 and info	ormation	on all Me	edical	Care F	Provide	ers:					
	Pr	rovider's Full Name	Full Teleph	one No.		Compl	lete Addre	ess		Indica	ate Qu	uestion N	No. and	includ	le full deta	ails an	d date



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	AGENT'S REPORT
1.	COMPLETE WHEN INDIVIDUAL PROPOSED INSURED IS UNDER AGE 15: a. On the back of this report, list all children under the age of 15, and the amount of insurance on each.
	b. How much insurance coverage does the father have? Does the mother have?
2.	COMPLETE WHEN A CHILD RIDER IS REQUESTED: a. Is each child named on the application a natural child, a stepchild or a legally adopted child of the Proposed Insured? Yes No
	Provide details of "No" answer. b. Are all children under the age of 18 included in this application?
3.	COMPLETE FOR ALL APPLICATIONS:
	 a. Did you see the Proposed Insured(s) when this application was completed?
	d. Replacement exists when a policy is lapsed, surrendered or "substantially borrowed against" in the 4 months before or 13 months after the application date of a new or increased policy on the same life. Do you have reason to believe replacement is involved in this transaction? — Yes — No
	e. Has a Medical Examination been ordered? Yes No Date ordered: From:
	f. Has an Inspection Report been ordered? Yes No
	g. If the amount of insurance applied for is \$100,000 or greater or the premium is \$1,000 or more, the identity and address of
	the insured/applicant was verified? Yes No Photo ID used was
	Signature of Writing Agent Employee Number Date
	=p ,
	CONDITIONAL RECEIPT - DO NOT DETACH UNLESS FIRST PREMIUM IS PAID WITH APPLICATION
	CONDITIONAL RECEIFT - DO NOT DETACTIONELSS FIRST FREINIUM IS FAID WITH AFFEICATION
	ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY
	DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK. 000000000
	DO NOT MAKE OFFICIAL TO THE AGENT ON LEAVE THE FAILE BEAUT.
Γh	e Reliable Life Insurance Company has received a payment of \$ for insurance applied for on the life of
	with this application.
	insurance will be provided under this receipt unless all Company Requirements are first fulfilled exactly during the lifetime of the Proposed Insured all Company requirements are not met, or the Proposed Insured dies by suicide, the liability of the Company shall be limited to a refund to the
	plicant of the payment made for this receipt. Company Requirements are defined by the Company's current rules and practices and include hospita
•	
	d physician reports, medical examinations, tests and any other information requested by the Company. No agent may alter or waive any part of
hi	s receipt. This receipt provides no insurance for riders or additional benefits.
	PORTANT: The payment is accepted by the Company subject to the conditions set forth on the back of this receipt. This receipt is not valid unless signed by a licensed agent of the Company and unless the amount paid with the application, if paid by check or draft, is honored on firs
re	esentation for payment.
	DATE SIGNATURE OF AGENT EMPLOYEE NUMBER

Consumer Disclosure Notification

Proposed Insured

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As part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews made by a consumer reporting agency with you, your family, neighbors, friends and others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. In addition, physicians, hospitals, clinics and other medically-related facilities may be contacted, using your signed authorization to obtain details of your past medical treatment.

DISCLOSURE NOTICE TO PROPOSED INSURED

You have the right to be interviewed as a part of any investigative consumer report that may be prepared. If you desire to be interviewed, you should indicate this on the space provided in the Authorization. You also have the right of access, correction and amendment with respect to any personal information collected. Upon your request, you are entitled to receive a description of procedures which allow access to, and correction of personal information which may be obtained, and a description of the circumstances under which personal information may be disclosed without prior authorization. Your written request should be addressed to Home Service Insurance Services, The Reliable Life Insurance Company, 12115 Lackland Rd., St. Louis, Missouri 63146.

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								5289	9-RL4 F	Part 2	BACKER	PMS 34	7 Green	11.62	25

Question 1.a. listing of children under the age of 15

Name	Age	Amount of Insurance

REFERRALS:

Name	Address	Phone No.

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LIFE APPLICATION - CONDITIONAL RECEIPT (CONTINUED)

Conditions - For insurance to be effective, the following conditions must be fulfilled:

- a. All Company Requirements have been completed and received by the Company within 60 days from the date of the application;
- b. The first premium has been paid in full;
- c. All questions in the application have been answered;
- d. All answers given in the application are true and complete, and
- e. The Proposed Insured is acceptable to the Company under its rules and practices, for the plan and amount applied for, without amendment, at the rate class applied for at the standard premium, as of the date all the Company Requirements are received by it.

Start of Insurance - If all the above requirements are met, this Receipt will provide insurance beginning the later of: (1) the date of the application; or (2) the date of receipt of all requirements.

End of Insurance - Once begun, any insurance this Receipt may provide ends at the earliest of: (1) 60 days after the date of the application; (2) when the Company sends a refund of the premium received in exchange for this Receipt; or (3) the date any policy issued goes into effect.

Amount Limit - The amount of insurance provided by this Receipt is the lesser of: a) the face amount of the insurance applied for in the application; or b) \$50,000.

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DISCLOSURE NOTICE TO PROPOSED INSURED

MIB DISCLOSURE NOTIFICATION

Information regarding your insurability will be treated as confidential. The Reliable Life Insurance Company or its reinsurers may, however, make a brief report thereon to MIB Inc. (formerly Medical Information Bureau), a not-for-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB Inc. member company for life or health insurance coverage or a claim for benefits is submitted to such a company, MIB Inc., upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB Inc. will arrange disclosure of any information in your file. Please contact MIB Inc. at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB Inc.'s file, you may contact MIB Inc. and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB Inc.'s information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

The Reliable Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB Inc. may be obtained on its website at www.mib.com.

SERFF Tracking #:	UUIN-128608505	State Tracking #:	Company Tracking #:	5289-RL4

Reliable Life Insurance Company

State: Arkansas Filing Company:

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: Life Insurance

Project Name/Number: Life Insurance Application/5289-RL4

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
5289-RL4 Certification.pdf			

CERTIFICATION

This is to certify that the attached:

5289-RL4

has achieved Flesch reading ease score of 50.5 and complies with the requirements of Ark. Stat. Ann. §66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Carol Danenport Signature

Carol Davenport

Director, Regulatory Compliance

7-31-12

Date